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Training Manual

Reporting and Recording Documentation for Monitoring of Work on Immunization

Level 2: Rayon Centers of Public Health and Polyclinics

Fifth Edition, March 2006

Prepared by:

Ministry of Labor, Health and Social Affairs of Georgia

National Center for Disease Control

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Ministry of Labor, Health
and Social Affairs
Public Health Department
National Center for Disease Control
and Medical Statistics

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Abt Associates Inc.
4800 Montgomery Lane, Suite 600 ■ Bethesda, Maryland 20814
Tel: 301/913-0500 ■ Fax: 301/652-3916

In collaboration with:

Development Associates, Inc. ■ Emory University Rollins School of Public Health ■ Philoxenia International Travel, Inc. ■ PATH ■ Social Sectors Development Strategies, Inc. ■ Training Resources Group ■ Tulane University School of Public Health and Tropical Medicine ■ University Research Co., LLC.

PHR*plus*

Mission

Partners for Health Reformplus is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:

- Implementation of appropriate health system reform.
- Generation of new financing for health care, as well as more effective use of existing funds.
- Design and implementation of health information systems for disease surveillance.
- Delivery of quality services by health workers.
- Availability and appropriate use of health commodities.

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Submitted to: USAID/ Caucasus

and: Karen Cavanaugh, CTO
Health Systems Division
Office of Health, Infectious Disease and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

Abstract

This training manual for rayon centers of public health and polyclinic-ambulatory units (PAUs) is a comprehensive compendium of the Georgia immunization program documentation: recordkeeping and reporting requirements of the Ministry of Labor, Health and Social Affairs (MoLHSA) and the National Center for Disease Control; current guidelines for immunization data analysis and utilization; and materials for monitoring and evaluating the immunization system and provider performance.

The fifth edition includes new chapters on supportive supervision, recommended job descriptions for medical personnel involved in immunization programs, and an information-based response matrix.

The MoLHSA has developed these guidelines for nationwide implementation. They are approved by MoLHSA Decree # 122/n.

The manual is designed primarily for health personnel working at the rayon level who are responsible for the implementation of the immunization program. The section on evaluation of the work at rayon public health centers and PAUs can guide both the rayon-level facilities in doing self-evaluations and regional centers for public health in monitoring and supervising rayon-level work.

The worksheets for monitoring immunization work that are contained in this manual are illustrative. A full set of worksheets has been published separately in an immunization workbook for centers of public health and PAUs.

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List of Forms

Acronyms

BCG	Bacillus, Calmette and Guerin Vaccine
CHP	Children's Polyclinics
CIF	Curatio International Foundation
CPH	Center for Public Health
DoB	Date of Birth
DT	Diphtheria and Tetanus Toxoid combination
DPT	Diphtheria, Pertussis and Tetanus vaccine
FAP	Feldsher & Midwife Station
MIS	Management Information System
MMR	Measles, Mumps and Rubella vaccine
MoLHSA	Ministry of Labor, Health and Social Affairs
NCDC	National Center for Disease Control
PATH	Program for Appropriate Technology in Health
PAU	Polyclinic Ambulatory Unit
PHD	Public Health Department
PHR*plus*	Partners for Health Reform*plus* Project
TB	Tuberculosis
Td	Tetanus and Diphtheria Toxoid
USAID	United States Agency for International Development
VDA	Village District Ambulatory
VVM	Vaccine Vial Monitor

Contributors

This manual has been prepared by the Ministry of Labor, Health and Social Affairs (MoLHSA) expanded working group headed by P. Imnadze, Director of the National Center for Disease Control (NCDC), with technical assistance received from USAID/PHR*plus* and Curatio International Foundation.

The working group also included the following:

Levan Baramidze	Head of the Public Health Department, MoLHSA
Paata Imnadze	Director, NCDC
Levan Baidoshvili	Immunization Program Coordinator, NCDC
Manana Tsintsadze	Deputy Director, NCDC
Marina Shakh-Nazarova	Head, Data Analysis & Presentation Division, NCDC,
Lia Djabidze	Head, Immunization Department, NCDC
Tamar Sulkhanishvili	Immunization Department, NCDC
Khatuna Zakhashvili	Head, Surveillance Unit, NCDC
Nona Beradze	Surveillance Unit, NCDC
Gia Chirakadze	Deputy Head, Public Health Department, MoLHSA
Ketevan Galdavadze	Chief Specialist of Surveillance Division, Public Health Department, MoLHSA
Tamar Dolakidze	Medical Director, Vishnevskaya-Rostropovich Foundation, Georgia
Neli Khizanishvili	Director, Kakheti Regional Public Health Center
Lili Zautashvili	Deputy Director, Kakheti Regional Public Health Center
Merab Sepashvili	Director, Kvareli Rayon Public Health Center
Nunu Nozadze	Director, Lagodekhi Rayon Public Health Center
Marina Okroshidze	Durector, Lagodekhi Rayon Children's Polyclinic
Lela Otarashvili	Director, Sagarejo Rayon Public Health Center
Maia Ilauri	Epidemiologist, Sagarejo Rayon Public Health Center
Niko Aivazashvili	Chief Doctor, Polyclinics-Ambulatory Unit, Telavi
Natela Tsikaradze	Doctor/Statistician, Polyclinics-Ambulatory Unit, Telavi
Ketevan Gelashvili	Deputy Director, Telavi Rayon Public Health Rayon Center
Ketino Rostomashvili	Doctor/Statistician, Children's Polyclinic in Telavi
Tamriko Sisauri	Statistician, Telavi Rayon Public Health Center
Dali Kobuladze	Deputy Director, Imereti Regional Public Health Center
Tamar Maskharashvili	Director, Zestaphoni Rayon Children's Policlinic

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The names of health facilities shown in forms in this publication do not refer to real institutions and are used for illustrative purposes only.

1. Recordkeeping and Reporting Documentation

This chapter explains recordkeeping and reporting documentation and monitoring at the second level of the immunization system in Georgia, i.e., documentation required at the level of rayon/town[1] centers for public health (CPHs) and polyclinic-ambulatory units (PAUs).[2] Chief specialists responsible for immunization at the aforementioned facilities are expected to participate in this documentation and monitoring. The aim of such recordkeeping and monitoring is to be able to conduct an analysis of reports received from immunization points/health care facilities and make appropriate managerial decisions to correct identified deficiencies.

The reports/forms outlined in this chapter make it possible for chief specialists and health care staff to evaluate the state of immuno-prophylaxis in any particular facility service district as well as in the rayon/town in general. This evaluation will be well founded and evidence based as a result of their using the developed recordkeeping and analytical tables. In addition, this will help produce needed reports for the rayon/regional CPHs.

[1] Towns with rayon divisions are considered.
[2] In some cases, a PAU is considered to be both a level 1 and a level 2 facility at the same time.

Population by Age Summary Report (2.2)

The Population by Age Summary Report (2.2) is compiled by the epidemiologist at the rayon CPH or PAU together with a person responsible for immunization in the rayon or town. This report is compiled annually in October-November on the basis of the Population by Age Report (1.2) submitted by level 1 health care facilities. The original copy of the report is kept in the rayon CPH/PAU and copies are submitted to the regional or rayon CPH once a year according to the schedule (see schedules listed in Chapter 2).

The age group "under 1" includes children born in the preceding 12 months, i.e., in the final four months (September–December, IX–XII) of the preceding calendar year and the first eight months (January–August, I–VIII) of the current year, for example, from September 2005 through August 2006; "1 year" refers to children born in the previous calendar year (i.e., in 2005); "2 years" refers to children born in the year before the previous calendar year (i.e., 2004), and so on.

Data in this report are used to complete (and later update) the annual Prospective Plan for Immunizations for the Next Year (2.3) for the rayon/town (see next section). The data also can be used to verify the accuracy of annual prospective plans submitted by subordinate facilities.

Form 2.2: Population by Age Summary Report

in _____ rayon, town (facility) _____ (date)

Age groups	Year of birth	Population of the service area (FAP, VDA, uchastok, CHP, PAU):											Total rural	Total urban	TOTAL
under 1*															
1*															
2*															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
Total 0-14y 11mo 29d															
15															
16															
17															
18															
19															
Total 15-19y 11mo 29d															
20-29															
30-39															
40-49															
50-59															
60+															
Total 20+															
TOTAL on the territory															

Note: Compiled once a year (in Oct.) on the basis of Population by Age reports submitted by subordinate FAPs, ambulatories, and polyclinics.

* Age group "under 1" comprises children born during the first eight months (I-VIII) of the current year plus children born in the last four months (IX-XII) of the previous year; "1 year" comprises children born in the previous calendar year (i.e. in 2005); "2 years" comprises children born in the year before the previous year (i.e. in 2004); and so on.

Prospective Plan for Immunizations for the Next Year (2.3)

The Prospective Plan for Immunizations for the Next Year (2.3) is done once a year (in October-November) and is updated on the basis of Prospective Plan(s) for Immunizations for the Next Year (1.3) submitted annually (October-November) by the subordinate facilities of the rayon or town.

Data in the Prospective Plan are used to calculate the amount of vaccine needed for both vaccination and revaccination of the population in the rayon's service area, and they provide the basis for monitoring of immunizations in that area.

In the rayon's summary form 2.3, the prospective plan for BCG and hepatitis B-1 vaccines for children under 1 year is based on the number of births in the preceding 12 months, i.e., in the final four months (September–December, IX–XII) of the preceding calendar year and the first eight months (January–August, I–VIII) of the current year. The rayon must make an effort to tally *all* children that need to be vaccinated to the extent possible, i.e., both the number of births at maternity houses and the number of home births. The former should be taken from the monthly statistical form IV-02, Report on Medical Care for Women in Antenatal, Intrapartum, and Postpartum Period.

"BCG under 1" given in a separate row indicates children not immunized at maternity houses.

As noted above, updates to the Prospective Plan for the current year are made on the basis of Population by Age reports (1.2 and 2.2). For example, the plan for administering polio, DPT, and hepatitis B vaccinations to children under 1 year in the coming year (2007) is calculated based on the number of children born in I-VIII months of the current year (2006) and IX-XIII months of the previous year (2005). In October 2007, this plan would be updated based on the number of children actually born in I-VIII months of 2007 and IX-XII months of 2006. For measles, mumps and rubella vaccinations for children at 1 year, the plan is calculated similarly to the abovementioned vaccinations, while in October 2007 it would be adjusted to the number of children actually born during calendar year 2006.

The original Prospective Plan for Immunizations remains at the rayon CPH/PAU and copies are submitted to the rayon and the regional CPH annually according to the schedule.

Form 2.3: Prospective Plan for Immunizations for the Next Year

for _____ rayon, town (facility) _____(date)

№	Type of immunization		Target (number of children) by health care facility (FAP, VDA, uchastok, CHP, PAU)																						
	VACCINATION																								**TOTAL**
1	**BCG, Hepatitis B-1**	**under 1 y***																							
2	**Polio, Pertussis, Diphtheria, Tetanus Hepatitis B -3**	**under 1y**																							
	Polio	1-15 y																							
	DTP	1-5 y																							
	DT	1-6 y																							
	Td	over 6 y																							
	Hepatitis B	12-24 m																							
3	**Measles, Mumps, Rubella**	**1 y**																							
	Measles, Mumps, Rubella	over 24 month																							
	BOOSTERS																								
1	**DTP-4**	**18-24 m**																							
2	**DT**	**over 18 m**																							
3	**Polio-4**	**18-24 m**																							
4	**DT, Polio, Measles, Mumps, Rubella**	**(5y-5y 11m 29d)**																							
5	**Measles, Mumps, Rubella**	**13 y**																							
6	**Td**	**14 y**																							

Note: Completed once a year in Oct.-Nov. on the basis of Prospective Plans for Immunizations from the service area.

*Total in the rayon summary form is based on the average number of births during the preceding 12 months (Sept.-Aug.). It is the sum of home births and births at maternity house(s).

** Not immunized at birth

Cold Chain Equipment Inventory Book (2.4)

The Cold Chain Equipment Inventory Book (2.4) section of the workbook contains information about cold chain equipment at all subordinate vaccination points of a rayon or town CPH/PAU. This section is completed annually (at the end of the year) according to the submitted data. The records can be updated during visits to subordinate immunization points and also upon receipt of new cold chain equipment or writing off old equipment.

The inventory book (2.4) is used to monitor the efficacy of the cold chain in the rayon (town) and to plan purchases of new equipment and repairs of the broken equipment.

Record Book 2.4: Cold Chain Equipment Inventory Book

(at all immunization points of _____rayon/town (health facility) as of _____

#	Health facilities (FAP, VDA, uchastok, CHP, PAU)	REFRIGERATOR(s) *			FREEZER(s)			COLD BOX(es)			VACCINE CARRIERS			Remarks
		Model	Volume** (l)	QTY Broken	Model	Volume** (l)	QTY Broken	Model	Volume** (l)	QTY Broken	Model	Volume** (l)	QTY Broken	
	TOTAL													

* among them refrigerators with freezers

** inner volume (in litres) of the equipment is considered

Record Book for Vaccine, Syringe, and Safety Box Flow (2.6)

The Record Book for Vaccine, Syringe, and Safety Box Flow (2.6) is designed to continuously track the supply, distribution, and remaining stock of vaccines, syringes, and safety boxes. Each material (including each type of vaccine) should have its own page (or multiple pages) in the record book.

Vaccine flow is registered in the record book by recording when a vaccine is received, distributed, or written off. When registering vaccine flow, one has to indicate the amount of vaccine in doses in all columns.

On each new page of the record book, the name of the item – vaccine, syringe, or safety box – should be written in the second row next to "Material: _____." The lot number and expiration date are entered in the table, as appropriate to the type of item.

In addition to regularly recording the receipt, issue, and usage of the vaccines, syringes, and safety boxes, a health worker responsible for immunobiologicals should calculate the balance of remaining vaccines, syringes, and safety boxes in order to be aware at all times (not only at the end of a month) of the type and quantity of materials that are in stock. A health worker should be responsible not only for tabulating the quantity of vaccines but also for their proper storage and for ensuring that vaccines with the shortest shelf life are issued first.

At the end of every month a health care worker should make an inventory of the vaccines left in the refrigerator (cold room) and check whether their amount corresponds to the balance of vaccines in the record book (2.6). Vaccines that have an expired date, are of bad quality, or are left over must be destroyed/written off according to the existing regulations.

It is important to make sure that a health facility receives, along with new vaccine lots, instructions on the use of those vaccines. It is recommended that health facilities keep such instructions for every type of vaccine.

The "Use of vaccines" section of the Summary Report on Immunization Practice (2.8) is completed on the basis of data from this record book (2.6) and from the monthly Reports on Immunization Practice submitted by subordinate health care facilities.

Example of Record Book 2.6: Record Book for Vaccine, Syringe, and Safety Box Flow

at _____ Rayon CPH

Material: DPT Vaccine _____

DATE	RECEIVED				GIVEN OUT				DESTROYED / WRITTEN OFF	BALANCE
	From	Amount (in doses)	Lot #	Exp. date	To	Amount (in doses)	Lot #	Exp. date	(in doses)	(in doses)
					Balance as of 31 May		*c-3148*	*10.2004*		***=100***
1.06.2004	*Regional CPH*	*600*	*c-3125*	*10.2005*						*700*
3.06.2004					*Polyclinics*	*100*	*c-3148*	*10.2004*		*600*
4.06.2004					*CHP*	*100*	*c-3125*	*10.2005*		*500*

Notes:
Vaccine flow is tracked daily upon the vaccine being received, given out, or used (in doses!, not in ml or vials).
Balance of any vaccine at the vaccination point can be tracked at any time.

Cold Storage (Refrigerator) Temperature Registration Record (2.7)

The Cold Storage Temperature Registration Record (2.7) is filled in daily to monitor the temperature in the rayon CPH's storage area for vaccines. If there are several refrigerators, separate temperature registration records should be kept for each one.

It is recommended to routinely set the temperature of the refrigerator (cold room) at $+4^0$C. A health worker responsible for vaccines should monitor the temperature in the refrigerator (cold room) where the vaccine is stored and make note of it in the record (2.7) twice a day (at the beginning and end of the work day).

In case of a power failure or breakdown of the refrigerator, a health worker should make appropriate notes in the record (2.7). Note (D) means the refrigerator is turned off for defrosting; note (N) means refrigerator is out of order (not working); Note (P) means refrigerator is turned off because of power deficiency. The worker should take measures to ensure the proper temperature regimen for storage of the available vaccines.

Form 2.7: Cold Storage (Refrigerator) Temperature Registration Record

Facility _____ Responsible person* _____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	**Signature**
JAN	morning																																
	evening																																
FEB	morning																																
	evening																																
MAR	morning																																
	evening																																
APR	morning																																
	evening																																
MAY	morning																																
	evening																																
JUN	morning																																
	evening																																
JUL	morning																																
	evening																																
AUG	morning																																
	evening																																
SEP	morning																																
	evening																																
OCT	morning																																
	evening																																
NOV	morning																																
	evening																																
DEC	morning																																
	evening																																

D = refrigerator is turned off for defrosting; N = refrigerator is out of order (not working); P = refrigerator turned off because of power deficiency.
*Responsible person must sign the document at the end of each month.
Responsible person _____

Summary Report on Immunization Practice (2.8)

The Summary Report on Immunization Practice (2.8) is the main reporting document prepared by rayon/town CPHs that reflects the immunization situation in a rayon or town. It is completed monthly on the basis of the Report on Immunization Practice (1.8) submitted by subordinate health care facilities, including maternity houses. The PAU prepares report 1.8 (see level 1 manual) on the basis of similar reports on immunization practice (1.8) received from subordinate ambulatories and "uchastocks," and submits summary report 1.8 to the rayon CPH no later than on the third day of the following month.

Sections "Immunizations given," "Contradictions to DPT," and "Refusals" are filled in only on the basis of reports 1.8 that have been submitted by subordinate level 1 health facilities. The recommended forms (see Chapter 3) can be used to facilitate the calculation and the analysis. Columns 5-9 of the "Use of vaccines" section is filled out on the basis of the Record Book for Vaccine, Syringe, and Safety Box Flow (2.6). Columns 10-11 are filled out from columns 7-8 of the monthly reports (1.8) submitted by subordinate health care facilities.

The sum of the *balance at the facilities at the end of the previous month* and the *number of doses issued by the rayon CPH during the current month* should be equal to the sum of the *balance at the facilities at the end of the current month* and *total amount of utilized vaccines*. Data from this section are used to monitor vaccine supplies in the rayon/town and to secure the timely ordering and distribution of vaccines.

This form is a reporting document. The rayon CPH prepares this report monthly and makes three copies: one copy stays at the facility; the other two copies are submitted to the regional CPH no later than on the fifth day of the following month. Forms that report zero immunizations also should be submitted.

Field Statistics Reporting Form

Pursuant to article 177 of the Georgian Administrative Justice Violation Code, failure to submit statistical information on time, falsification of the submission data, or failure to use the established form by facilities will incur a penalty of eight to twelve times the amount of the minimum monthly salary.

Ministry _____
(Name)

Form # 4 (Monthly)

District, rayon, facility _____
(Name, address)

Approved by Georgian Ministry of Health and Social Welfare order #122/n 04.06.2003

Report on preventive vaccinations administered
_____ (month) 20___ (year)

Form 2.8: Report on Immunization Practice

Rayon_____ **Period**_____ **Date**_____

Immunizations Given				USE of Vaccine in Doses						
Vaccine	**Age at vaccination**	**Number of people vaccinated**	**Total Immunizations Given**	**Balance at the rayon CPH at the beginning of the period (doses)**	**Received (doses)**	**ISSUED (doses)**	**Destroyed/written off (doses)**	**Balance at the rayon CPH the end of the period (doses)**	**BALANCE at health care settings at the end of the period (doses)**	**TOTAL AMOUNT OF VACCINE USED (doses)**
1	2	3	4	5	6	7	8	9=5+6-7-8	10 from column 8 (1.8)	11 from column 9 (1.8)
BCG-v	0-5 days		Total							
	6 days-11mo29d									
	1 year- 1y11mo29d									
DPT-1 **Diphtheria-Tetanus-Pertusis-1**	2 months - 11mo29d		Total							
	More than 1 year									
DPT-2 **Diphtheria-Tetanus-Pertusis-2**	3 months - 11mo29d									
	More than 1 year									
DPT-3 **Diphtheria-Tetanus-Pertusis-3**	4 months - 11mo29d									
	More than 1 year									
DPT-4 **Diphtheria-Tetanus-Pertusis-4**	18 - 24 months									
	More than 24 months									
DT-1 **Diphtheria-Tetanus-1**	under 1 year		Total							
	More than 1 year									
DT-2 **Diphtheria-Tetanus-2**	under 1 year									
	More than 1 year									
DT-3 **Diphtheria-Tetanus-3**	under 1 year									
	More than 1 year									
DT-4	18 months +									
DT **Diphtheria-Tetanus**	5 years- 5 y11mo29d									
	6 years-6 y11mo29d									
OPV-1 **Poliomyelitis -1**	2 months - 11mo29d		Total							
	More than 1 year									
OPV-2 **Poliomyelitis -2**	3 months - 11mo29d									
	More than 1 year									
OPV-3 **Poliomyelitis -3**	4 months - 11mo29d									
	More than 1 year									
OPV-4 **Poliomyelitis -4**	18 -24 months									
	More than 24 months									
OPV-5 **Poliomyelitis -5**	5 years- 5 y11mo29d									
	More than 6 years									
Other OPVs	others									
VHB-1 **Viral Hepatitis B-1**	0 - 24 hours		Total							
	25 hours - 11mo29d									
	1 year- 1y11mo29d									
VHB-2 **Viral Hepatitis B-2**	2 months - 11mo29d									
	1 year- 1y11mo29d									
VHB-3 **Viral Hepatitis B-3**	3 months - 11mo29d									
	1 year- 1y11mo29d									
VHB-1	others									
VHB-2										
VHB-3										
MMR-1	12 -24 months		Total							
	More than 24 months									
MMR-2	5 years- 5 y11mo29d									
	More than 6 years									
MMR	13 years									
	others									
Measles	others									
Mumps										
Rubella										
MR										
Td Tetanus - Diphtheria	more than 6 years		Total							
	14 years									
	others									

REFUSALS TO DPT		CONTRAINDICATIONS TO DTP				
			Short-term	Long-term	Permanent	Total
DTP (under 1y)		DTP (under 1y)				

2. Submission of the Reporting Documentation

The PAU, children's polyclinics and rayon/regional CPH must submit the reports and other documents listed in the table below. The information is the basis for preparing documentation for state statistical reporting. Copies of each report should be submitted to the regional CPH/rayon CPH according to the territory subordination. Originals should be kept at the rayon CPH or PAU that completes the report.

The Summary Report on Immunization Practice provides a basis for monitoring the entire immunization program and, when necessary, for taking measures to eliminate shortcomings and problems that are revealed.

Report Submission Schedule

Report	Frequency	Due Date	Reporting place
Level I			
Population by Age Summary Report 1.2	Yearly	November 10	PAU, children's polyclinics
Prospective plan for Immunizations for the Next Year 1.3	Yearly	November 10	PAU, children's polyclinics
Report on Immunization Practice 1.8	Monthly	28th date of current month	PAU, children's polyclinics
		3rd day of following month	Rayon, city CPH
Levels II, III			
Population by Age Summary Report 2.2	Yearly	November 15	Rayon, city CPH
		November 20	A/R*, regional CPH
		November 30	NCDC
Prospective plan for Immunizations for the Next Year 2.3	Yearly	November 15	Rayon, city CPH
		November 20	A/R, regional CPH
		November 30	NCDC
Summary Report on Immunization Practice 2.8	Monthly	5th day of following month	A/R, regional CPH
		7th day of following month	NCDC
Annual need of Vaccines and Syringes	Yearly	December 15	A/R, regional CPH
	Yearly	December 20	NCDC
Order form for Vaccines, Syringes and Safety Boxes	Monthly (quarterly in case of severe climate conditions)		A/R, regional CPH
	Quarterly		NCDC

* A/R = autonomous republic

3. Monitoring System at the Level of Rayon CPH/PAU

Rayon CPHs and PAUs represent the second level of management of immuno-prophylaxis. This is the level where summaries of reports, analyses of the state of immuno-prophylaxis in the rayon/town, and decisions on improving protection of the population of the service area against vaccine preventable diseases are made.

Health officials of the rayon CPH and PAU are personally responsible for the timeliness and quality of the information submitted in the recording and reporting forms. Appropriate analytical worksheets for calculation of indicators and graphical analysis are filled out by CPH and PAU for every subordinate facility. The accuracy of the reported data will be analyzed by checking subordinate health care facilities according to the approved checklist and by an analysis of the results in the recommended worksheets.

Monitoring of immunizations at this level should be based on the following indicators:

- DPT-3 coverage of children age 1 year (percentage)
- Drop-out rate between DPT-1 and DPT-3
- Percentage of children under 1 year with contraindications to DPT
- Percentage of DPT refusals in children under 1 year
- Vaccines usage/wastage indicator (for DPT, polio, measles, hepatitis B)

These indicators should be analyzed on a monthly basis (drop-out rate should be analyzed twice a year, at the end of June and December). If appropriate, other quantitative and qualitative indices can be monitored as well.

Monitoring of DTP-3 Coverage of Children Under 1 Year

Monitoring of DTP-3 coverage of children in their first year of life is an important indicator for an immunization program. If the vaccination of children under 1 year is organized properly, the coverage indicator should reach 96-97 percent, because the majority of children will get their DPT-3 immunization according to the immunization schedule before they are 5 months old. An indicator that shows an unacceptably low rate of coverage should alert an immunization program to take prompt corrective measures.

Coverage rates are considered "high" or "adequate" if >90% of the target group is immunized; "low" corresponds to coverage in the target group between 70% and 89%; and "very low" is <70%. A coverage rate that exceeds 100% is indicative of mistakes and the reason for such a result should be identified and corrected (e.g., inadequate target population data, number of immunized children includes children from age groups other than the target one or areas other than the target one).

Analysis of this indicator is made on the basis of monthly reports on immunization practice submitted by health care facilities. The proposed recording, analytical, and monitoring worksheets illustrate the difference in indicators by individual facilities and compare with the estimated and actual average figures for the rayon.

For children between 5 and 12 months of age, the health worker responsible for child immunizations at a PAU can revise the number and justification of contraindications, which resulted in the extension of intervals between DPT-1, -2, and -3 vaccinations. In this way, this person can influence the coverage of children under 1 year. If a child has not received required vaccinations by the age of 1 year, the Regional Doctors' Expert Group/Commission should analyze the situation and make recommendations about how to bring the child into full immunization compliance. If the immunization procedures are correctly implemented, the number of unvaccinated children under 1 year will be small.

The monitoring sheet on DPT-3 coverage of children under 1 year envisages 25 percent (cumulative) quarterly coverage. If the DPT-3 coverage does not meet the target line on the form, health facilities should be checked to identify the reason(s) for the low vaccination coverage rate. The following are possible reasons:

1. Failure to reach all children under 1 year of age
2. Unreasonably high rate of contraindications
3. Frequent or prolonged shortages of vaccine(s)
4. High proportion of refusals

The corrective strategy will depend on the reason for the low coverage.

If one or several facilities in a rayon exceed the DPT-3 immunization target line in a quarter (25 percent of the annual target), this should signal the need to check the accuracy of the annual plan for immunization. Such cases may signal an incorrect definition of the target group "Under 1 year" (i.e., reporting plans/targets that do not include *all newborns* living in a given territory) or reflect the difference in the number of children born monthly.

This worksheet, which reflects the quality of organization for immunization practice, can be used at sessions of medical councils, sanitary epidemiological councils, and other meetings for making

appropriate decisions. Similar worksheets and sheets on monitoring immunization coverage of the population against other infectious diseases are on the following pages.

The source of data for this and other worksheets are reports submitted by health facilities and polyclinics.

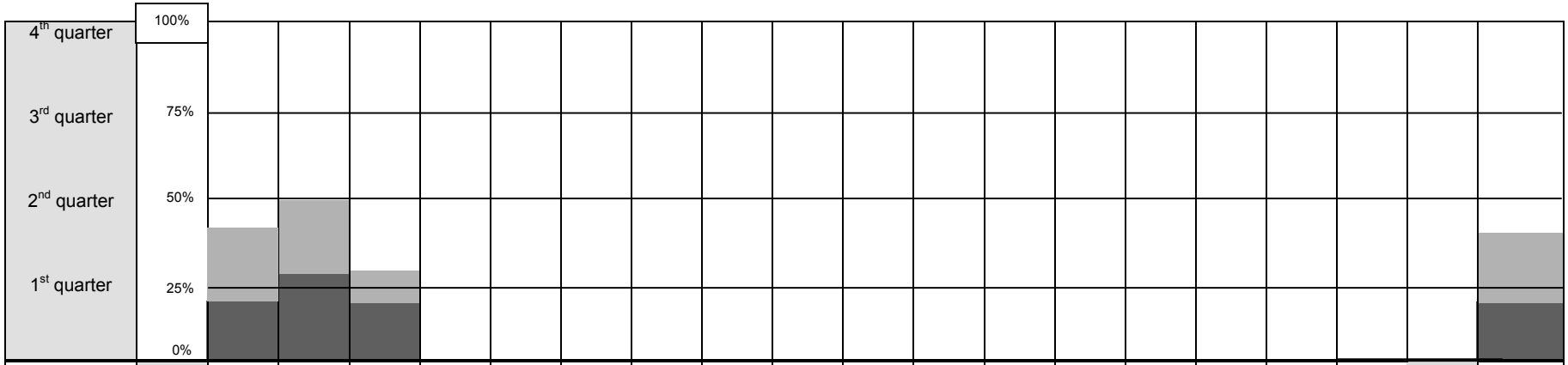
Example of Worksheet on Immunization Coverage of Children Under 1 Year with DPT-3

in _____ rayon/town (health facility) _____ year

Health facilities (FAP, VDA, uchastok, PHC, PAU)	Number of children under 1	No. of DPT-3 vaccinations given to children under 1y			1st quarter		No. of DPT-3 vaccinations given to children under 1y			2nd quarter			No. of DPT-3 vaccinations given to children under 1y			3rd quarter			No. of DPT-3 vaccinations given to children under 1y			4th quarter		
		J	F	M	Total 1st quarter	DPT-3 coverage %	A	M	J	Total 2nd quarter	Cum	DPT-3 coverage %	J	A	S	Total 3rd quarter	Cum	DPT-3 coverage %	O	N	D	Total 4th quarter	Cum	DPT-3 coverage %
VDA-1	*86*	*9*	*5*	*3*	*17*	*20%*																		
VDA-2	*165*	*18*	*16*	*16*	*50*	*30%*																		
VDA-3	*240*	*16*	*15*	*17*	*48*	*20%*																		
TOTAL	*491*	*43*	*36*	*36*	*115*	*23%*																		
TOTAL, Cum.																								

Example of Monitoring Sheet for Immunization Coverage (%) of Children Under 1 Year with DPT-3

Rayon/town (facility) _____ Year _____



Coverage, %																				
4th quarter																				
3rd quarter																				
2nd quarter		*40%*	*50%*	*30%*																*40%*
1st quarter		*20%*	*30%*	*20%*																*23%*
Health facility (name)		*VDA No. 1*	*VDA No. 2*	*VDA No. 3*																**TOTAL**

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

Monitoring of DTP-1/DPT-3 Drop-out Rate

The drop-out rate represents the proportion of children who begin an immunization series (e.g., get DPT-1 dose) but do not complete the series (e.g., do not receive DPT-3 dose before their first birthday).

The DPT-1-3 drop-out rate is estimated as follows:

$$\frac{\textit{No. of } DPT_1 \textit{ doses} - \textit{No. of } DPT_3 \textit{ doses administered during a period}}{\textit{No. of } DPT_1 \textit{ doses administered during the same period}} \times 100\%$$

In a similar fashion, DPT_1-MMR can be computed at the end of the year.

$$\frac{\textit{No. of } DPT_1 \textit{ doses} - \textit{No. of MMR doses administered during a period}}{\textit{No. of } DPT_1 \textit{ doses administered during the same period}} \times 100\%$$

This monitoring is used to analyze access to and utilization of primary immunization services as follows:

Category	DPT_1 coverage	Drop-out rate	Interpretation	
I	More than 90%	Less than 10%	Good access & Good utilization	*No* problem
II	More than 90%	More than 10%	**Good** access & **Poor** utilization	Problems should be identified ***and addressed***
III	Less than 90%	Less than 10%	**Poor** access & **Good** utilization	
IV	Less than 90%	More than 10%	**Poor** access & **Poor** utilization	

These problems can attributed to the following causes:

Poor access	Geographic barriers
	Social-economic barriers
	Cultural-ethnic habits
	Scarce resources (human, technical)
Poor utilization	Managerial problems
	Lost opportunities
	Inadequate qualifications of human resources
	Adherence
	Inappropriateness between demand of society and services provided
	Negative attitude of particular part of society and media toward immunization
	Lack of acknowledgment of society toward the vaccination

The worksheet "Identification of Potential Immunization Problems Related to Access to and Utilization of Service" can be used to categorize problems and define priority areas that need to be addressed (see example below). The data for this worksheet should come from the Worksheet on Immunization Coverage. Priority attention should be given to territories/facilities serving larger groups.

Sample Worksheet on Identification of Potential Immunization Problems Related to Access to and Utilization of Service

Rayon/town (facility) _____ Year _____

Health facilities (FAP. VDA, uchastok, PHC PAU)	Target population	6 month analysis						12 month analysis					
		Coverage (%)	Drop-out rates (%)	Potential nature of the problem (see guidelines)		Categorize problem according to guidelines	Priority Rank	Coverage (%)	Drop-out rates (%)	Potential nature of the problem (see guidelines)		Categorize problem according to guidelines	Priority Rank
	Number of children under 1	DPT-1	DPT1-DPT3	Access	Utilizaiton	Category I, II, III, IV		DPT-1	DPT1-DPT3	Access	Utilizaiton	Category I, II, III, IV	
VDA-1	86	45	10	Good	Poor	II	5 (lowest)	95	12	Good	Poor	II	6
VDA-2	165	38	8	Poor	Good	III	4	67	8	Poor	Good	III	4
VDA-3	173	46	8	Good	Good	I	-	78	8	Poor	Good	III	3
VDA-4	240	32	15	Poor	Poor	IV	1 (highest)	82	13	Poor	Poor	IV	1
VDA-5	228	34	7	Poor	Good	III	2	68	7	Poor	Good	III	2
VDA-6	150	30	13	Poor	Poor	IV	3	90	13	Good	Poor	II	5

Monitoring of the Percentage of Children with Contraindications to DPT and Refusals

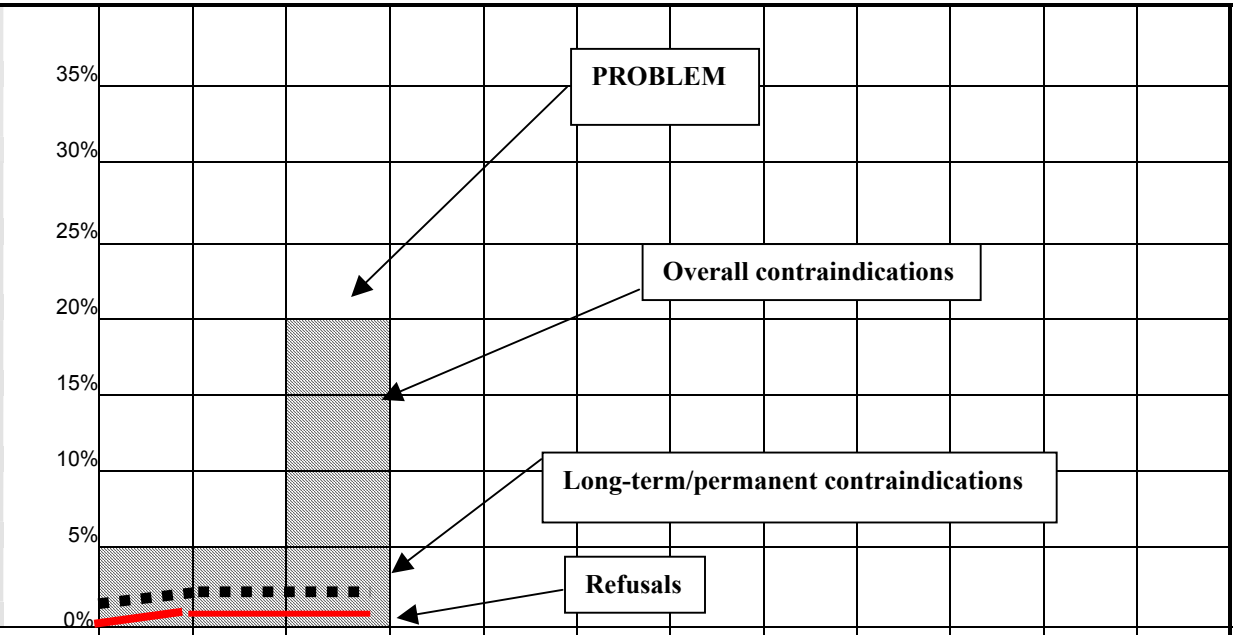
One of the reasons for uncompleted vaccinations of children under 1 year is false contraindications. According to World Health Organization recommendations, the number of children under 1 year with justified long-term and permanent contraindications should not exceed 2 percent.

The percentage of children under 1 year in a rayon or town with contraindications to DPT is calculated monthly on the basis of summary reports on immunization practice (2.8). A similar analysis is performed to monitor the rate of refusals. A graph built monthly can show the tendency for contraindications and refusals to increase or decrease.

If the percentage of contraindications or refusals to vaccination increases in a certain administrative territory, the situation will require urgent organizational decisions – first to determine which facility or facilities are responsible for the unsatisfactory indicator and second to do a similar analysis at the children's polyclinic level on the basis of the indicators at immunization points.

Example of Monitoring Sheet for Refusals and Contraindications to DPT (%) by Month in _____ (year)

in _____ (health district, health facility)



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of DTP 1-3 vaccinations given to children under 1 year this month **see Report on Immunization Practice**	1	94	75	63									
Total number of current contraindications to DTP 1-3 in children under *1 year (temporary, over 1 month and permanent)*	2	6	4	16									
Number of current contraindications to DTP 1-3 in children under 1 year *(over1 month and permanent)*	3	2	2	2									
Total number of refusals to DPT 1-3 in children under 1 year	4	0	1	1									
Total number of children that may (should) have received DTP 1-3 this month.	5=1+2+4	100	80	80									
% children under 1 year with contraindications to DTP	6=2:5	6%	5%	20%									
% children under 1 year with ***long-term*** and ***permanent*** contraindications to DTP	7=3:5	2%	3%	3%									
% of refusals in children under 1 year to DPT	8=4:5	0%	1%	1%									

Note: This record is kept at the level of village ambulatories and polyclinics for monitoring of the work.

Vaccine Usage Indicators

Vaccine usage indicators are important because health facility managers should know the amount of vaccines used per the number of immunizations made at every subordinate health care facility and in rayons or towns in general.

DPT, polio, measles, and hepatitis B vaccine usage indicators have been chosen as markers that can speak about problems related to the immunization of children. When needed, analysis of other vaccine usage could be performed as well. If the usage indicator is too low (≤ 1), either the data are inaccurate due to improper recording of vaccine usage or the children are not being immunized properly. On the other hand, an indicator of vaccine usage that is too high (see table below) may be due to the improper organization of days for immunization, failure to adhere to the temperature storage regimen, or improper recording of vaccine usage. This indicator also allows one to compare the wastage of vaccines of different packing types (vials), which can be used for rational vaccine procurement planning.

	Number of children <1 served by facility				
	0-10	11-60	61-120	121-300	> 300
Recommended number of immunization sessions/month	1*	1	2	3	As needed
Vaccine	Acceptable wastage coefficients				
1 dose/vial: MMR, Measles	N/A	1.05	1.05	1.05	1.05
2 doses/vial: DPT, Measles, Mumps		1.5	1.3	1.1	1.1
6 doses/vial: Hepatitis B		2.0	1.5	1.5	1.3
10 doses/vial: DPT, Polio, Hepatitis B, MMR, DT, Td		3.0	2.0	1.5	1.3/1.5**
10 or 20 doses/vial: BCG		As much as needed			3.0

* via local medical personnel from facility to which ambulatory is subordinated or mobile team
** for DT/Td 10 dose vials, the wastage coefficient would be 1.5. For the other vaccines, it is 1.3

Acceptable wastage coefficients and recommended frequency of immunization sessions for each vaccine presentation are presented below. Wastage that exceeds these numbers points to existence of the above-described problems.

Rayon CPH managers should know how effectively vaccines were used; however, they should be careful when interpreting these data. Higher than average wastage can be justified when doing vaccinations in sparsely populated territories in the absence of mobile teams or when opening large vials to vaccinate children who live in hard-to-reach areas and might remain unvaccinated if the present opportunity is missed. Urgent measures should be taken if the vaccine usage indicator becomes unreasonably high or low.

Example of calculation of the vaccine usage indicator:

	Vaccine used (doses) in the month (a)	DPT 1-4 made in the month (b)	Doses used per one vaccination (a/b)
VDA-1	50	40	1.25
VDA-2	40	33	1.21
VDH	100	80	1.25
TOTAL	190	153	1.24

The major vaccine wastage reduction strategies at the rayon level are as follows:

- Better planning of immunization sessions (grouping by days as outlined in the table above)
- Adherence to the "open vial" recommendations (MoLHSA decree 112/n) that allow use of open DPT, DT, Td and Hepatitis B vaccine vials for as long as 1 month provided that facilities fully meet cold chain requirements and open vials are not used outside the facility (e.g., for mass campaigns or outreach immunizations)
- Use of outreach mobile immunization brigades
- Improved cold chain to avoid exposure of vaccines to heat and freezing
- Rationalized distribution of vaccines (to use all vaccines before expiration dates and to avoid prolonged storage of unused vaccines where cold chain failure is likely)
- Training in the use of vaccine vial monitor (VVM) equipped vaccines
- Use of optimal product mix where appropriate (e.g., one-or two-dose vials in villages and 10-dose vials in urban polyclinics)

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

Health facilities: (FAP, VDA, uchastok, PHC, PAU)	BCG		Polio				DPT				Hep B				DT		Td		Measles				Mumps		Rubella		MMR	
	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	Immunizations made	Vaccine usage per 1 vaccination	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)	used (doses)	balance (doses)
TOTAL																												

Monitoring of Vaccine Supplies and their Proper Usage

At the end of each calendar year, the rayon or town CPH calculates the need for vaccine and syringes for the coming year on the basis of annual prospective plans for immunizations for the rayon/town in general and by individual health care facility, taking into account wastage coefficients for each of the antigens and a 25 percent reserve. In order to determine the ***actual number of doses and syringes needed*** (which the rayon CPH should order from regional CPH during the following year), the balance of vaccines and syringes on December 31 should be subtracted from the projected annual need.

The Worksheet for Calculation of Annual Vaccine Needs and Supplies provides examples and helpful formulas for anticipating needs and doing quarterly monitoring of secured vaccine supplies to ensure uninterrupted functioning of immunization services in the rayon or town. Immunization managers at rayon CPHs and PAUs should monitor the proportion of secured supplies (balance from the previous year plus the amount received from the regional CPH in the current year divided by the annual need) for each of the antigens and take appropriate measures in case they have too little or too much vaccine in stock. The aim of monitoring these supplies is to secure 25 percent of the annual need every quarter.

At the end of each calendar year, immunization managers of the rayon CPH must submit a form of Annual Need for Vaccines and Syringes to the regional CPH no later than December 15. The form is similar to the abovementioned worksheet although it does not contain a quarterly monitoring section. The order form does contain the need for a given period (month or quarter), the balance for the time of order, and the amount of the order.

Immunization managers also could monitor whether a “safety minimum” of vaccines is available at the end of each month according to summary report 2.8. The recommended safety minimum in the rayon (balance at the CPH store and in all health care facilities) is a two-month supply, or approximately 15 percent of the annual need. It is recommended that the region keep an additional third-month supply of all vaccines (balance at the regional CPH, rayon CPH stores, and all health facilities).

Example of Worksheet on Calculation of Annual Vaccine Needs and Secured Vaccine Supplies

for _____ rayon (town) in _____ (year)

		Target for vaccination (persons)	Target for boosters (persons)	Planned number of injections	Wastage Coefficient	Reserve Coefficient	Annual need in vaccines (doses) and syringes	Balance on 31.12	Actual Need (doses)	Received from Regional CPH in the 1st quarter			Sum 1Q + Balance31.12	Cum%	Received from Regional CPH in the 2nd quarter			Sum 1+2	Cum%	Received from Regional CPH in the 3rd quarter			Sum 1+2+3	Cum%	Received from Regional CPH in the 4th quarter			Sum 1+2+3+4	Cum%	REMARKS
		A	B	C	D	E	F = C x D x E	G	H=F-G	Jan	Feb	Mar	I	J=I:F	Apr	May	Jun	K	L=K:F	Jul	Aug	Sep	M	N=M:F	Oct	Nov	Dec	O	P=O:F	
1	BCG	500		500 a	3	1.25	**1875**	0	1875	500			**500**	27%		450		**950**	51%											
2	Polio	500	1000	2500 3a +b	1.3	1.25	**4063**	1,000	3063				**1,000**	25%	500	600		**2,100**	52%											
3	DPT	500	500	2000 3a +b	1.3	1.25	**3250**	500	2,750	200			**700**	22%		700		**1,400**	43%											
4	DT			3a +b	1.5	1.25																								
5	Td			b	1.5	1.25																								
6	Measles Mumps Rubella			a+b	1.3	1.25																								
7	Hepatitis B			3a	1.3	1.25																								
8																														
9	Syringe 0.5			c3+c4+c5+c6+c7	1.05	1.25																								
10	BCG Syringe 0.05/0.1			c1	1.05	1.25																								
11	Dilutant Syringe (2.0)			F1:20	1.05	1.25																								
12	Dilutant Syringe (5.0)			F6:10	1.05	1.25																								
13	Safety boxes			(f9+f10+ f11+f12) : 100																										

Not enough vaccine received (25% per quarter is needed, taking into account the leftover from the last year). Order from Regional CPH asap

Note: Annual amount for each type of vaccine (doses) and syringe is calculated using specific formula considering wastage and reserve.

Example of Annual Need for Vaccines and Syringes

for _____ region/rayon (town) in _____ (year)

		Target for vaccination (persons)	Target for boosters (persons)	Planned number of injections	Wastage Coefficient	Reserve Coefficient	Annual need in vaccines (doses) and syringes	Balance on ___ Dec ___	Actual Need (doses)
		A	B	C	D	E	F = C x D x E	G	H=F-G
1	BCG	500		500 a+b	3	1.25	**1875**	0	1875
2	Polio	500	1000	2500 3a +b	1.3	1.25	**4063**	1,000	3063
3	DPT	500	500	2000 3a +b	1.3	1.25	**3250**	500	2,750
4	DT			 3a +b	1.5	1.25			
5	Td			 b	1.5	1.25			
6	MMR			 a+b	1.3	1.25			
7	Hepatitis B			 3a	1.3	1.25			
8									
9	Syringe 0.5			 c3+c4+c5+c6+c7+c8+c9	1.05	1.25			
10	BCG Syringe 0.05/0.1			 c1	1.05	1.25			
11	Dilutant Syringe (2.0)			 F1:20	1.05	1.25			
12	Dilutant Syringe (5.0)			 F6:10	1.05	1.25			
13	Safety boxes			 (f9+f10+f11+f12) : 100					

Note: Annual amount for each type of vaccine (doses) and syringe is calculated using specific formula considering wastage and reserve.

Example of Order Form for Vaccines, Syringes, and Safety Boxes

for _____ region/rayon/town
Quarterly _____ monthly _____

		Need for vaccines (doses) and syringes in given period	Balance at the time of order	Amount ordered	Remarks
		A	B	C=A-B	
1	BCG	500	0	500	
2	Polio	1000	200	800	
3	DPT	1500	500	1000	
4	DT				
5	Td				
6	MMR				
7	Hepatitis B				
8					
9	Syringe 0.5				
10	BCG Syringe 0.05/0.1				
11	Dilutant Syringe (2.0)				
12	Dilutant Syringe (5.0)				
13	Safety Boxes				

Note: Not less than 25% per quarter is needed, taking into account the leftover from the previous year.

4. Supportive Supervision: Evaluating Performance of Providers and CPHs

Supportive Supervision[3]

Supportive supervision is an essential management activity within Human Resource Management: It impacts both the performance of individual staff and the organization as a whole and ultimately health outcomes. Supervision assists in planning or refining activities, organizing tasks, and monitoring performance. It is necessary for staff to be aware of all standards, performance expectations, and tasks in order to keep the MOLHSA running efficiently. Staff also needs ongoing support and feedback with regard to their work.

Supportive supervision advocates for the building of a relationship that fosters support and encouragement from the viewpoint and input of both the supervisor and employee but does not neglect performance. It provides the opportunity to not only evaluate performance, but to also foster the professional development of an employee.

Supportive supervision can be implemented by the Public Health Center immunization manager.

Supervisory Meeting:

The supervisory meeting should involve the following:

1. Greeting

2. Review of the actual work and how it is being carried out. This will include a two-way conversation between the supervisor and employee to ensure that both parties share their views

3. Discussion of future plans, identify and address support needs, training needs and potential future challenges

4. Closing
   - Review the actions identified
   - Avoid making promises that cannot be fulfilled
   - Develop targets with specific timelines
   - Schedule upcoming visit

[3] Many ideas in this chapter come from the supportive supervision study funded by The International Development Research Center within the framework of Canadian International Immunization Initiative, Phase 2 (CIII2).

- Complete deliverables- It is important to complete the supervision visit or meeting with products that document the meeting and the agreements reached between the supervisor and the employee

Checklist for Supervisor Visit

To be used by supervisors themselves in preparing for and self-evaluation of their supervisory visits

General Information

Date of the observation (dd/mm) _____

Name of interviewer, team number _____

Clinic name _____

Use the following guide to mark the results of supervisory visit:

1 = Done 0 = Not done, or done unsatisfactorily NA = Not applicable

#	ITEM	Y / N / NA
	Creates a Nurturing Environment	
1	Supervisor explains reason for visit	
2	Allows provider to finish visit with client if ongoing	
3	Treats provider with respect by actively listening and responding to concerns	
4	Works with provider to create (or reviews) an action plan for next period	
5	Provides encouragement/verbal recognition to provider	
	Works with Provider to Solve Problems	
6	Asks if provider has questions or problems regarding clients (client load, clinical)	
7	Asks if provider has questions or problems regarding the clinic (supplies, infrastructure)	
8	Probes problems identified by provider by asking follow-up questions	
9	Works with provider to determine solution/s	
10	Ensures that provider can continue to work by creating short-term solutions for complex problems	
11	Asks status of past problems and resolutions	
	Sets Clear Expectations	
12	Asks provider if s/he is clear on what her/his tasks are during the course of her/his workday, focusing on immunization	
13	Informs provider of any new information required from district/central level	

Provides Feedback		
14	Tells provider what s/he is doing well while treating clients (if witnessed)	
15	Tells provider what s/he is doing well in carrying out clinic duties focusing on immunization (administrative, client record keeping)	
16	Suggests specific ways for provider to improve performance in immunization services or in clinic duties	
17	Ensures that suggestions for improvement are given in private (away from client)	
Provides Skills Coaching		
18	Checks client records with provider and suggests improvements if needed	
20	Asks if any clinical questions related to immunization have come up that provider is unsure of	
21	Coaches provider while performing any immunization tasks	
22	Asks if provider has encountered any client situations she could not address because s/he didn't know how	
24	Observes how the provider accepts patients	

Finishing time _____

Self-assessment Tool for Providers (nurses and physicians involved in immunization program)

This self-assessment tool is to be used by supervisees – immunization providers – to assess their knowledge and practices, and the resources needed to perform their duties. There is no need to complete this tool in a routine way, but is recommended for use before every supervisory meeting, as a way for the provider to be prepared for the supervisor's visit. Where needed, the provider can then seek appropriate help and support from their supervisor.

Name of provider: Region:

Name of supervisor: Town/District:

Date/Period of Assessment: Village:

Instructions on how to use the tool

For the Provider

- This tool is not a test or an evaluation, but a tool to improve one's performance and solve problems over time; therefore, it is important to be honest during self-assessment.
- For each question state "yes" or "no."
- For the questions that have multiple parts (several bullets), note "yes" only if you do everything mentioned. Mark "no" in the areas where you would like to see improvement.
- In the areas where "no" is recorded, there is room for improving performance or solve existing problems.
- With the PROVIDER supervisor, prioritize what needs to be done to improve performance. Everything cannot be done at once, and some things may be more important than others. The date reflects the urgency and the amount of time you think it will take to solve the problem.
- Sometimes the supervisor needs to help with solving the problem. In order to ensure that responsibilities are clarified, it is important to note who is responsible for taking action.
- When the performance gap/problem has been solved, note the date when it has been solved in the column on the right.

For the Supervisor

- First, introduce the tool, either in a monthly meeting with the providers or during one or more supervisory visits. (The entire tool does not need to be completed in one visit).
- Explain that the tool is not used to punish or find faults, but to improve performance and services over time, etc.
- If the provider first does the self-assessment on her/his own, you want to subsequently observe the provider and discuss the findings. Was the provider sufficiently objective?
- During supervisory visits, review the tool, or parts of the tools with the provider, and ensure s/he updates it.
- Re-do the tool in a year and evaluate the provider's overall progress.

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
Preparations for activities to improve access to health information and immunization services 1. Do I know the communities/ families in my area/zone?					
Annual activities 2. Have I conducted a door-to door census of the child population in September-October?					
3. Have I defined target groups in October (existence of the filled out form 1.2)?					
4. Have I defined an annual plan in October (existence of the filled out form 1.3)?					
5. Have I submitted the target group report on time (by November 10th)?					
6. Have I submitted the annual plan timely (by November 10th)?					
7. Have I organized immunization days as recommended by the Immunization Decree?					
8. Were the job descriptions discussed with the chief of facility?					
Availability of guidelines and forms 9. Do I have Immunization Decree #122 N at the facility?					
10. Do I have the journal #1.1?					
11. Do I have the immunization MIS manual at the facility?					
12. Do I have the journal #1.4?					
13. Do I have the journal #1.5?					
14. Do I have the journal #1.6?					
15. Do I have the form 1.7?					
16. Do I have supply of the monthly reporting forms (1.8)?					
17. Do I have supply of the immunization cards (form 063)?					
Monthly activities (immunization) 18. Do I record newly arrived children in the registration book (journal #1.1)?					
19. Do I define children to be vaccinated in the next month based on the immunization cards (form 063)?					
20. Do I record children to be vaccinated in the next month in the journal #1.4?					
21. Do I inform children's parents to come for the vaccination within one week before vaccination?					
22. Do I provide more than one vaccination at a time if it is					

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
required by the schedule?					
23. Do I use every opportunity to vaccinate the child?					
24. Do I record vaccination information in the immunization card (form 063) on the day of vaccination?					
25. Do I record vaccination information in the child development card (form 112) on the day of vaccination?					
26. Do I record vaccination information in the monthly journal (#1.4) on the day of vaccination?					
27. Do I record in the monthly journal (#1.4) the reason why children did not come for immunization on the day of vaccination?					
Safe immunization practices 28. Do I check the vial expiration date before utilization?					
29. Do I write off the vaccine if the vial has cracks, or has no label, or has expired?					
30. Do I use the vaccine's dilutant?					
31. Do I use sterile syringe and needle for dilution?					
32. Do I use sterile syringe and needle for vaccination?					
33. Do I have utilization box?					
34. Do I immediately dispose of the utilized syringe and needle in the utilization box?					
35. Do I fill the utilization box not more than ¾?					
36. Do I burn the utilization box in a special place and bury the remains?					
IEC 37. Do I provide parents sufficient information about: ▲ The benefits of full vaccination? ▲ The benefits of timely initiated vaccination? ▲ The possible adverse reactions of the vaccination?					
Contraindications/refusals 38. Do I define contraindications according to the current immunization decree?					
39. Do I register long-term contraindications to DTP in the journal #1.5?					
40. Do I register refusals to DTP in the journal #1.5?					
41. Do I provide parents who refuse to vaccinate with additional information on the dangers of diseases?					
42. Do I refer child with more than 3 months of					

ELEMENT TO BE EVALUATED	Yes/ No	If "no", can you indicate reason?	Actions to be taken to solve the gap/further improve the area	Who takes action?	Date solved
contraindication to the specialists' consilium?					
Vaccines and supplies 43. Do I have a cold box?					
44. Do I have a refrigerator at the facility? If yes:					
45. Do I check the temperature twice per day and record it on form 1.7?					
46. Do I store vaccines in the refrigerator according to the guidelines?					
47. Do I follow open-vial policy for DTP, DT, TD, HepB?					
48. Do I prepare and submit an order form for vaccines and supplies?					
49. Do I receive the full amount of ordered vaccines and supplies?					
50. Do I have sufficient supply of all vaccines?					
51. Do I record received vaccines and supplies in the journal #1.6?					
52. Do I record used vaccines in the journal #1.6?					
Organization of the immunization cabinet 53. Have I organized immunization cards (forms 063) in cartoteck format?					
54. Do I have anti-shock supply at the facility, ready for use, as defined by the immunization decree?					
55. Do I follow-up every child for 30 minutes after vaccination?					
Information system 56. Are my immunization records correct and complete?					
57. Do I prepare monthly reporting form based on the journals #1.4, 1.5 and 1.6?					
58. Do I submit reporting form on time (by 30th) every month?					
59. Do I keep one copy of the reporting form at the facility?					
Results 60. Do I reach my work goals each month?					
61. Do I take the initiative to contact my supervisor when I encounter problems I cannot solve on my own?					
62. Do I ask my supervisor for feedback (what I do well, what I should improve, and what support I need from him/her)?					

Work Planning Action Sheet

Periodic supervision will help health care providers and managers to identify problem areas and plan appropriate interventions to solve the problems.

Problem	Root Causes	Actions	Responsible Person	Date Due

Tips for Effective Supervision

Five Key Rules of Fairness

The person(s) you supervise must:

1. Know what is expected of them
2. Know how to do their job, or be willing to learn
3. Be given a supportive work environment
4. Receive appropriate information about the consequences that will take place for the work they (don't) do
5. Be given accurate and timely feedback about their job performance

Do's and Don'ts for Supervisors

1. Do get to know your supervisee(s)
2. Don't expect them to mind-read
3. Do explain
4. Don't blame others for your mistakes
5. Do praise when it is merited
6. Do criticize constructively and privately
7. Do supply feedback
8. Do share information
9. Do give credit
10. Do listen and support your staff
11. Don't expect support to substitute for money and vice versa
12. Don't promise rewards you can't deliver

13. Do follow through on promises
14. Don't constantly demonstrate that you are the boss
15. Do learn to delegate
16. Don't rush to change things
17. Do set a good example
18. Don't concentrate on popularity, concentrate on respect
19. Do seek to improve yourself
20. Do use your authority wisely

How to Give Good Feedback

- **Be clear** about what you want to say.
- **Emphasize the positive**. By making feedback constructive you will be helping the person to find out what needs to be done rather than just telling them what they are not doing right. Always look for areas of improvement rather than concentrating on what went wrong.
- **Be specific.** Avoid general comments and clarify pronouns such as "it," "that," etc.
- **Focus on behavior** rather than the person. Refer to behavior that can be changed.
- **Be descriptive** rather than evaluative. Emphasize what you see and hear. Describe your own observations without making judgments as to whether you see the facts as good or bad, and leave the person to do their own assessment.
- **Own the feedback.** Use 'I' statements.
- **Avoid generalizations** – Notice "all," "never," "always," etc., and ask to get more specificity – often these words are arbitrary limits on behavior. Concentrate on particular points. Make feedback specific rather than general. It is easier for someone to react to this than to general statements.
- **Be very careful with advice** – People rarely struggle with an issue because of some specific piece of information; often the best help is helping the person to come to a better understanding of their issue, how it developed, and how they can identify actions to address the issue more effectively.
- **Encourage self-criticism**. People are more willing to accept the criticism when they have recognized their own strengths and weaknesses. Start by encouraging them to appraise themselves and then build on their own insights
- **Indicate what can be and should be done**. Make your feedback specific and practical, so the person can do something about it. Don't say their behavior was good or bad, it gives no direction for improvements over which the employee has control.

- **Build on what people want**. Try to give feedback that is asked for rather than imposed. If this is not possible and you must bring things to the employees attention, tell them that you are giving feedback.
- **Find the right time and place.** Take time to explain things to the employee properly. This way the employee can understand what you have said and can discuss it with you. Avoid a few rushed moments in the corridor to talk to someone about their performance.

10 Principles for Giving Good Feedback

1. For simple negative feedback use a "formula"

If you find it difficult to give negative feedback, try this simple four-step formula:

1. "*When you do this ……"* [Specify behavior]
2. "*It is a problem because ……"* [Specify the impact, including how it makes you feel]
3. "*I would like to discuss this issue with you ……"* [to agree that a problem exists]
4. "*I have some ideas ……"* [Specify your solution/s and ask for others]

2. Be specific rather than general

Providing specific examples helps the recipient understand exactly what the issue is. You can then agree on the details and work on targeted solutions.

Don't say:	"Your performance is below what I expect."
Say:	**"Your project reports are too long and your contribution to team discussions have been very negative"**

3. Focus on behavior rather than personality

Don't try to guess why a person did something – concentrate on what they did. Deal with the behavioral manifestation – it is all you can be absolutely sure about. Anything else is guesswork.

Don't say:	"You are not taking things seriously enough."""
Say:	**"You have arrived late for work often over the past month and you have not implemented any of your personal development plan."**

4. Immediate rather than delayed

Feedback must be well timed. It should be given as soon after the event as feasible. Don't save it for the formal performance review. But also don't give feedback if you are angry or upset. Wait until you have cooled off and can be calm and objective about the issue.

5. Balanced rather than negative only

Tell people what they did well in addition to what they did not do well. People see balanced feedback as constructive rather than punitive. It is less likely to cause resentfulness and defensiveness. But don't make the positive feedback trivial in relation to the negative.

Don't say:	"I like your outfit, but you have made an awful mess of this project."
Say:	**"Your project leadership skills have been very good this year, but I don't think you have been able to carry them across to your current project. Can we talk about this?"**

6. Criticize in private, praise in public

Avoid giving negative feedback in public. Broadcast good feedback more widely - but check with the person first (they might prefer to keep it to themselves or within their immediate team).

7. Avoid undue emotion

Don't lose your cool – over-reacting will produce defensiveness. Talk when you are calm and objective

8. Avoid communication overload

On every occasion that you are giving feedback focus on one or two behaviors or issues, not on a large number of them. Be sure you don't "save up" all the things you want to say for the formal performance review and then "dump" on the person concerned. Feedback should be focused and given frequently rather than overwhelming.

9. Avoid amateur psychoanalysis

Stick to the facts and offer job-related solutions. Do not offer therapeutic remedies. Psychoanalysis should be left to the experts.

Don't say:	"You seem distracted and depressed lately, is your home life OK?"
Say:	**"You have been staying late at the office lately; do you need more help from one of your team?"**

10. Avoid threats

If the behavior merits discipline, take it promptly. But do not threaten anyone, even by implication.

Don't say:	"Your behavior has been unacceptable. Remember, I can influence your progress in this organization.".
Say:	**"The way you handled this issue is unacceptable for the following reasons (specify). I am now going to implement the company's disciplinary process."**

Feedback is most useful when it is...

- Specific
- Positive
- Useful
- Supportive
- Given privately
- Based on first-hand information
- Fair
- Honest
- Immediate
- Focused on behavior

Feedback is least useful when it is...

- Global
- Negative
- Impossible to change the situation
- Judgmental
- Given in front of others
- Hearsay and speculative
- Based on one incident
- Used to protect feelings/egos
- Delayed
- A personality attack

Evaluating Work at Immunization Points

The Performance Evaluation Checklist for Immunization Providers (below) contains simple questions that district CPHs can use to monitor and supervise immunization points or that providers can use to self-monitor their work. Questions 5, 6,12,13,19, 20, and 30-42 are applicable to maternity houses. The checklist allows for clear and objective evaluations.

Performance Evaluation Checklist for Immunization Providers

AVAILABILITY OF REGISTRY	
1. Does Record book 1.1. reflect the annual censuses covering ALL children residing in the catchment area?	Yes ☐ No ☐
2. Is Form 1.2 available at the facility/immunization point?	Yes ☐ No ☐
3. Is Form 1.3 available at the facility/immunization point?	Yes ☐ No ☐
4. Is Record book 1.4 available at the facility/immunization point?	Yes ☐ No ☐
5. Is Record book 1.5 available at the facility/immunization point?	Yes ☐ No ☐
6. Is Record book 1.6 available at the facility/immunization point?	Yes ☐ No ☐
CORRECTNESS OF RECORD MANAGEMENT/ORGANIZATION	
7. Is the number of Form 063 for the given age group equal to the number of children in this age group in Record book 1.1?*	Yes ☐ No ☐
8. Does the registration number in the Record book 1.1 correspond to the number on forms 112 and 063 and in Record book 1.4?	Yes ☐ No ☐
9. Check to ensure Record book 1.1 is filled properly: Are there notes made about whether a child has left or arrived at a district for permanent residence (in pen) or temporarily indicating the period (in pencil)?	Yes ☐ No ☐
10. Do the numbers in various age groups in Form 1.2 equal the number of the same age group in Form 1.3?**	Yes ☐ No ☐
11. Is the data about immunizations performed entered into all recording forms (063,112, 1.4) during the same day?*** 11.1 Date 11.2 Vaccine type 11.3 Refusal 11.4 Contraindication	Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ % Yes ☐ No ☐ _____ %
12. Check selected Forms 063 against Record books 1.5 and 1.4 and Form 112. Do all carriers have same contraindications recorded and documented according to procedures? Is the cause of missed immunization indicated (refusal; failure to present; temporary, long-term, or permanent contraindication)?	Yes ☐ No ☐
13. Does the balance of vaccines in refrigerator coincide with the balance in Record book 1.6?	Yes ☐ No ☐
14. Check Record book 1.6 against Record book 1.4: Do the dates for vaccine usage coincide?	Yes ☐ No ☐
CORRECTNESS OF DATA TRANSFER INTO REPORTING FORMS	
15. Are Record book 1.1 entries for age groups the same as in Form 1.2 (check all age groups)?	Yes ☐ No ☐
16. Is immunization plan 1.3 made on the basis of the Population by Age Report (1.2) and Forms 063 (older children who missed the opportunity to get immunized during last year)?	Yes ☐ No ☐
17. Does the number of performed immunizations in the monthly report (form 1.8) by every type of vaccination reflect the data from the Record Book for Monthly Planning and Recording of Immunizations (1.4)?	Yes ☐ No ☐
18. Does Form 1.8 correctly reflect all refusals or temporary, long-term, and permanent contraindications from Record books 1.4 and 1.5.	Yes ☐ No ☐
19. Does Form 1.8 correctly reflect vaccine usage for various vaccines from Record book 1.6.	Yes ☐ No ☐
TECHNIQUES OF VACCINATION	
20. Is the vaccine administered properly? ****?	Yes ☐ No ☐

ANALYSIS, MONITORING, USE OF INFORMATION FOR MANAGEMENT (at the level of pediatric polyclinic, PAU, or rayon PHC)	
21. Does facility have Prospective Plan for Immunizations (form 1.3) for children and adults for every subordinate FAP (district doctor)?	Yes ☐ No ☐
22. Does facility have Report on Immunization Practice (form 1.8) for every subordinate FAP (district doctor)?	Yes ☐ No ☐
23. Does facility have summary monthly worksheets with cumulative numbers by every type of immunization according to the annual plan with calculation of percentage for every subordinate FAP (district doctor)?	Yes ☐ No ☐
24. Does projection of vaccine needs for every FAP take place at the time of an annual immunization plan development?	Yes ☐ No ☐
25 Are vaccines, syringes, and safety boxes issued to FAPs and their usage monitored with the Record Book for Vaccine, Syringes, and Safety Box Flow (1.6)?	Yes ☐ No ☐
26. Are the expired, poor quality or leftover vaccines destroyed appropriately and in a timely manner?	Yes ☐ No ☐
27 Have long-term contraindications in children over 1 year been approved by rayon Doctors' Expert Group?	Yes ☐ No ☐
28. Does the facility perform regular analysis of vaccine usage/wastage?	Yes ☐ No ☐
29. Have any management decisions (e.g., on improvement of coverage, vaccine wastage reduction) been made as the result of the analysis of data in the past three months?	Yes ☐ No ☐
COLD CHAIN	
30. Are there vaccine carriers for transportation of vaccines?	Yes ☐ No ☐
31. Does the facility have sufficient supply of vaccines for the vaccination day? If not, state where the problem has originated 1. Central Level 2. CPH 3. Health Care Facility	Yes ☐ No ☐
32. Is there a refrigerator at the vaccination point, ambulatory, or FAP?	Yes ☐ No ☐
These points are not analyzed if a refrigerator is not available	
33. Does the refrigerator work or not?	Yes ☐ No ☐
If it does not work, for how long has it not worked and why?	
34. Has anyone been informed about the fault? Or have any other measures been taken?	Yes ☐ No ☐
35. is the thermometer in the refrigerator?	Yes ☐ No ☐
36. Is the temperature in the refrigerator recorded twice daily?	Yes ☐ No ☐
37. Is the temperature taken at the center of the refrigerator?	Yes ☐ No ☐
38. Check the temperature in the refrigerator and compare it with the recorded morning temperature on that day. Are the temperatures within the recommended range ($+2^0$ to $+8^0$C)?	Yes ☐ No ☐
39. Have vaccines been correctly placed on refrigerator shelves (polio, mumps, measles, rubella vaccines – on the upper shelf; BCG – on the middle shelf; DPT, DT, Td, immunoglobulins, bacteriophages, vaccine dilutants – on the lower shelf)?	Yes ☐ No ☐
40. Are open vials of DPT, DT, TD, Hepatitis B, Polio vaccines placed in the first row of refrigerator according to the instructions?	Yes ☐ No ☐
41. Are there ice packs (10-12) for vaccine carriers in the freezer?	Yes ☐ No ☐
42. Are vaccines stored properly during power cut-offs (e.g., placed in vaccine carriers with ice elements and thermometers)? Note: there is no need for special storage conditions if power is cut off for less than 8 hours a day.) During a cut-off period a refrigerator should not be opened. Are vaccines stored properly in case of absence of a refrigerator at the FAP?	Yes ☐ No ☐

* Sample several age groups (two to three) and check with record book 1.1.

** Check correctness of all age groups, if even one is not correct, the answer is "No."

*** Random sample from the boxes where forms 063 are kept for various age groups (pick ten) and check against form 112 and record book 1.4 to see if the data about performed immunizations is entered into all recording forms (063, 112, 1.4) during the same day, and if the immunization information (date, type of vaccine, or refusal/contraindications) on all these forms are the same. If any of the information does not coincide, the answer is "No." In case the answer is no indicate %.

**** Ask several (2-3) questions related to injection site, route of administration, dosage, etc.; if at least one is not correct, the answer is "No."

The person doing the (self-) monitoring should carefully consider each question in the checklist and respond as to whether the condition has been met or not. Where the condition has been met ("Yes"), no further clarification is needed. If a condition has not been met or has been only partially fulfilled ("No"), one should indicate exactly what is wrong and recommend how to correct the problem. Depending on the difficulty of meeting certain conditions, one should decide whether advisory assistance from central rayon or regional specialists is needed and when the next evaluation will take place. A table presented on the next page can facilitate such analysis.

Note: All facilities should be evaluated each year. The polyclinic chief should perform the evaluation together with an immunologist. An epidemiologist (or assistant epidemiologist) should use the data from the evaluation checklist during subsequent evaluations. He/she will verify the reliability of selected responses to individual questions in districts that have both unsatisfactory and good indicators. Verification will be done at every pediatric and/or therapeutic district.

Example of Evaluation of the Work of Immunization Facilities

Health Facility	Date of Visit	Number of Questions in the Checklist																				
		1	2	3	4	5	6	7	8	9	…	33	34	35	36	37	38	39	40	41	42	Notes
FAP-1	2/1/2002	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	--	+	
FAP-2	2/2/2002	+	+	+	+	+	--	+	+	+		--	+	+	+	+	+	+	+	--	+	
VDA	2/3/2002	+	+	+	+	+	--	+	+	+		--	+	+	--	--	--	+	+	+	+	
TOTAL	No. of answers	3	3	3	3	3	1	3	3	3		1	3	3	2	2	2	3	3	1	3	
	% of answers "YES"	100	100	100	100	100	33	100	100	100		33	100	100	66	66	66	100	100	33	100	

Evaluating Work at Rayon CPHs

The table (below) provides simple questions that will allow the rayon CPH to self-monitor their work and the regional CPHs to monitor immunization work at the rayon level. The checklist allows for clear and objective evaluations. Periodic monitoring will help rayon health care managers and providers to identify problem areas and plan appropriate interventions to solve the problems.

Performance Evaluation Checklist for Rayon CPHs

AVAILABILITY OF RECORDS AND REPORTING	
1. Have Population by Age Reports (1.2) been collected from all subordinate facilities?	Yes ☐ No ☐
2. Have Prospective Plans for Immunizations for the Next Year (1.3) been collected from all subordinate facilities?	Yes ☐ No ☐
3. Have Reports on Immunization Practice (1.8) been collected from all subordinate facilities (including zero reports in case of no immunization activity)?	Yes ☐ No ☐
4. Was the registration on the condition of the cold chain equipment performed in the rayon CPH?	Yes ☐ No ☐
5. Was Record book for Vaccine, Syringe, and Safety Box Flow (2.6) filled out at the rayon CPH?	Yes ☐ No ☐
CORRECTNESS OF RECORD MANAGEMENT/ORGANIZATION	
6. Do the numbers in various age groups in **Form 2.2** equal the numbers of the same age groups in **Form 2.3?***	Yes ☐ No ☐
7. Does the balance of vaccines in the refrigerator coincide with the balance in Journal 2.6?	Yes ☐ No ☐
CORRECTNESS OF DATA TRANSFER INTO REPORTING FORMS	
8. Is Form 2.8 filled out correctly?	Yes ☐ No ☐
9. Is Form 2.8 filled out completely?	Yes ☐ No ☐
10. Does Form 2.8 correctly reflects vaccine flow for various vaccines from Journal 2.6?	Yes ☐ No ☐
ANALYSIS, MONITORING, USE OF INFORMATION FOR MANAGEMENT (at the level of rayons)	
11. Does a facility have s*ummary worksheets* for computation of cumulative coverage by every type of immunization for every subordinate facility?** or does the facility maintain computer software for immunization data analysis?	Yes ☐ No ☐
12. Does a facility have *worksheets* (in paper form or as electronic files from the software) to monitor contraindications to DPT in children under 1 year for every subordinate facility?*	Yes ☐ No ☐
13. Does a facility have w*orksheets* (in paper form or as electronic files from the software) to monitor refusals to DPT in children under 1 year for every subordinate facility?*	Yes ☐ No ☐
14. Does a facility monitor usage/wastage and balance of immunobiologicals at every subordinate facility?*	Yes ☐ No ☐
15. Does a facility determine annual need in vaccines and follow their stock level?	Yes ☐ No ☐
16. Does the facility perform regular monitoring of subordinate facilities using *Performance Evaluation Checklist for Immunization Providers*?	Yes ☐ No ☐
17. Have any management decisions (e.g., on improvement of coverage, vaccine wastage reduction) been made as the result of the analysis of data in the past 3 months?	Yes ☐ No ☐
COLD CHAIN These points are not analyzed if a refrigerator is not available.	
18. Is there a sufficient supply of all vaccines to carry out uninterrupted immunization in all immunization facilities of the rayon? If not state where the problem has originated: 1. Central Level 2. CPH	Yes ☐ No ☐
19. Are there vaccine carriers for transportation of vaccines?	Yes ☐ No ☐
20. Is there a refrigerator at the CPH?	Yes ☐ No ☐
21. Does the refrigerator work?	Yes ☐ No ☐
If it does not work, for how long has it not worked and why?	
22. Has anyone been informed about the fault? Or have any other measures been taken?***	Yes ☐ No ☐ Not applicable ☐
23. Is there a thermometer?	Yes ☐ No ☐

24. Is the temperature in the refrigerator(s) recorded twice daily?	Yes ☐ No ☐
25. Is the temperature taken at the center of the refrigerator(s)?	Yes ☐ No ☐
26. Check the temperature in the refrigerator(s) and compare it to the recorded morning temperature on that day. Are the temperatures within the recommended range (+20 – 80C)?	Yes ☐ No ☐
27. Have vaccines been correctly placed on refrigerator shelves (polio, mumps, measles, rubella vaccines – on the upper shelf; BCG – on the middle shelf; DPT, DT, Td, immunoglobulins, bacteriophages, vaccine dilutants – on the lower shelf)?	Yes ☐ No ☐
28. Are there ice packs (ten to twelve) for vaccine carriers in the freezer?	Yes ☐ No ☐
29. Are vaccines stored properly during power cut-offs (e.g., placed in vaccine carriers with ice elements and thermometers)? During a cut-off period, a refrigerator should not be opened.	Yes ☐ No ☐

* If information does not correspond, or is incomplete, the answer is "No."

** Check correctness of the worksheet, and answer "No" if computation is not accurate.

*** in case the answer in irrelevant do not enter in into the worksheet

The person doing the (self-) monitoring should carefully consider each question in the checklist and respond as to whether the condition has been met or not. Where the condition has been met ("Yes"), no further clarification is needed. If a condition has not been met or has been only partially fulfilled ("No"), one should indicate exactly what is wrong and recommend how to correct the problem. Depending on the difficulty of meeting certain conditions, one should decide whether advisory assistance from central rayon or regional specialists is needed and when the next evaluation will take place. A table presented on the next page can facilitate such analysis, both for self-analysis and by the Regional CPH.

Example of Evaluation of the Work of Rayon CPH

Health Facility	Date of visit	NUMBER OF QUESTIONS IN THE CHECKLIST																										Total of answers "YES"	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			24	25	26	27	28	29	"Yes"	%
-	2/1/2002	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
-	2/2/2002	+	+	+	+	+	--	+	+	+	+	+	+	--	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
-	2/3/2002	+	+	+	+	+	--	+	+	+	+	+	--	--	--	--	--	+	+	+	+	+	+	+	+	+	+	--		
TOTAL	No. of answers "YES"	3	3	3	3	3	1	3	3	3	3	3	2	1	2	2	2	3	3	3	3	3	3	3	3	3	3	2		
	% of answers "YES"	100	100	100	100	100	33	100	100	100	100	100	66	33	66	66	66	100	100	100	100	100	100	100	100	100	100	66		

5. Job Descriptions

Job descriptions for ambulatory/polyclinic nurses and doctors (pediatricians, family doctors, and therapists who are involved in immunization activities) that are given below clearly define the immunization responsibilities and functions of the personnel. Implementation of the job descriptions depends on the decision of facility chiefs and medical personnel. It is recommended to review the job descriptions once or twice per year, to ensure that they reflect actual activities; if they do not, more relevant descriptions should be developed.

A. Job Description for Ambulatory/Polyclinic Nurse

I. Overview:

1. The main tasks for the ambulatory nurse are the prevention of diseases, provision of medical care, and health education in the community.
2. The ambulatory nurse reports to the head of the ambulatory and is hired and dismissed by the head.
3. In her work, the ambulatory nurse is guided by the Employment Legislation, internal charter, and contract.
4. The ambulatory nurse should have corresponding medical education and qualifications.

II. Responsibilities:

1. Politely welcome patients, respect their dignity, and ensure their information is treated confidentially.
2. Be responsible for hygienic and sanitary conditions.
3. Prepare the patient for the doctor's examination.
4. Fill in the corresponding medical cards.
5. Immunization:
    a. Perform annual door-to-door census of 0-15 children population in the facility's catchment area
    b. Maintain child registration journal
    c. Under doctor's supervision, define age groups
    d. Under doctor's supervision, define annual plan
    e. Under doctor's supervision, define children to be vaccinated in the next month
    f. Inform children's parents to come for the vaccination within one week before vaccination
    g. Investigate reason for not coming to the vaccination
    h. Record information on immunization in forms 063 and 1.4 on the day of vaccination
    i. Perform safe immunization as defined in the decree
    j. Ensure vaccines and supplies for the day of vaccination
    k. Ensure cold chain requirements as defined in the decree
    l. Record information of vaccine flow in the relevant form (journal 1.6)
    m. Inform doctor about stock of anti-shock supply
    n. With doctor's assistance, prepare monthly reports
    o. Ensure availability of the copies of reports

p. Act according to the instructions during mass vaccinations
q. Strengthen after-immunization follow-up of the risk group children

III. Rights:

The ambulatory nurse has the following rights:

1. Require sufficient work conditions, materials, and tools to provide qualified medical aid.
2. Receive corresponding information about legal documentations related to her position.
3. Receive information about all health events and projects (state or international) that are being carried out in the area served by her.
4. Receive necessary information about training courses in which she can participate.

IV. Work Evaluation and Responsibility:

1. The evaluation of the work of the nurse is conducted by the ambulatory/polyclinic doctor/director.
2. The nurse reports to the ambulatory/polyclinic doctor.
3. The nurse bears responsibility for under-fulfillment or failure to carry out the duties envisaged by the job description.
4. For regular, ongoing supervision, the ambulatory nurse reports to the doctor with whom he/she directly works. Supervision meetings should be held at least once per month.

B. Job Description of Polyclinic Doctor (Pediatrician)

I. Overview:

The polyclinic pediatrician

1. Provides medical care to the children aged 0-15 according to the district principle
2. Provides medical care within the parameters of his/her professional skills and rights
3. Is hired or dismissed by the head of polyclinic;
4. Reports to the head of the polyclinic in which s/he is based.
5. Has his/her district nurse;
6. In her/his work, is guided by Employment Legislation, internal charter, contract, and the given job description.
7. Should have corresponding medical education and pediatric qualifications

II. Responsibilities:

1. Take measures for prevention of the diseases, including immunization:
    a. Perform annual door-to-door census of 0-15 children population on its catchment area.
    b. Assist nurse in defining age groups, annual and monthly targets and preparation of the monthly reports
    c. Inform parents on benefits of vaccination and possible adverse reactions
    d. Perform vaccination according to the calendar
    e. Use every opportunity to vaccinate children fully and on time. The target is to fully immunize >95% of children living in the facility's catchment area
    f. Define contraindications according to the decree
    g. Refer children with more than 3 months contraindication to the specialists' consilium
    h. Record information in the relevant forms (medical history) on the day of vaccination
    i. Ensure correctness of the records
    j. Ensure timely submitting of the reports
2. Analyze immunization indicators and take action to correct identified deficiencies. Promptly notify the polyclinic/facility head of any barriers to achieving immunization program targets (95% coverage) and request support from the facility head and district public health office as necessary.
3. Notify urgently the local CPH about a case of the disease which is subject to urgent notification.
4. Supervise the work of his/her district nurse.

III: Rights:

The Polyclinic Pediatrician has the following rights:

1. Require sufficient work conditions, materials, and tools from the director so that s/he can provide quality medical care.
2. Make suggestions on improving the health care conditions to the director.
3. Receive information (clinical, legal, and administrative) related to the fulfillment of his/her duties.
4. Receive information about all health events and projects (state or international), which are being carried out in the area served by him/her.

IV. Work Evaluation and Responsibility:

1. The polyclinic pediatrician reports to, and is supervised by, the head of the polyclinic in which s/he is based. Supervision meetings should be held at least once per month.

2. The polyclinic pediatrician bears responsibility for the quality of the clinical services s/he provides.
3. Local CPH immunization manager provides supervision of the polyclinic doctor. Supervision visits should be performed at least once per month.

6. Information-based Response Matrix

Problem	TYPICAL RESPONSE ACTIONS	
	Facility Level	**District Level**
Low vaccination coverage	▲ Identify reasons for low coverage and define action plans; ▲ Define list of non-immunized children; ▲ In case of refusals inform parents on disease risk and vaccination safety; ▲ Vaccinate those who can be reached with your resources; ▲ Make sure accurate data on immunizations and barriers are reported to the district public health office.	▲ Monitor coverage by catchment area and supervise facilities; ▲ Address the barriers identified by facilities (e.g., replace broken cold chain equipment, assist in health education, provide facilities with the needed vaccines and supplies, etc. in a timely way); ▲ Provide outreach services to those who cannot be reached by facilities; ▲ Promptly inform NCDC of outstanding obstacles to reaching required vaccination coverage in the district.
Vaccine/materials stockouts	▲ Prevent stockouts by monitoring available supplies and reordering them in a timely manner; ▲ In the case of a stockout take measures to arrange immediate delivery; ▲ Make sure stockouts are reported on a monthly report form.	▲ Monitor available supplies at facilities using the data from their monthly reports; ▲ Make sure facility supply requests accurately reflect facility's needs, make corrections as necessary; ▲ Make sure that sufficient supplies are provided to facilities even if their request does not come on time.
Cold chain failure	▲ Monitor twice a day the temperature of the cold chain equipment; ▲ When cold chain failure is suspected, check vaccines for the signs of exposure to excessive cold or heat and discard damaged vaccines; ▲ If the temperature goes out of the acceptable range, check the electricity supply and temperature settings; ▲ If the equipment breaks, do not open doors frequently and move cold packs from the freezer to the refrigerator, immediately inform the district Immunization manager to arrange repairs/replacement.	▲ Apply the same rules/procedures for the district cold chain equipment; ▲ Maintain a cold chain register in the district using the data from monthly reports, supervision visits, and special requests for cold chain information; ▲ Repair or replace broken equipment in the district using available resources; ▲ Communicate to the regional CPH and/or NCDC outstanding cold chain needs.

Problem	TYPICAL RESPONSE ACTIONS	
	Facility Level	District Level
High vaccine wastage	▲ Adhere to the “open vial” recommendations; ▲ Avoid exposure of vaccines to heat and freezing; ▲ Use vaccines with approaching expiry dates first; ▲ Organize immunization sessions according to the recommendations; ▲ Know how to read vaccine vial monitor (VVM); ▲ Accurately report data on vaccine use on monthly reports.	▲ Monitor vaccine wastage in every facility, and if it appears high, work with facilities to implement recommendations indicated in the box to the left; ▲ Monitor vaccine stock and issue vaccines with approaching expiration dates first; ▲ Do not issue too much vaccine to facilities where cold chain failure is likely; ▲ Conduct outreach immunizations in catchment areas of facilities without reliable cold chain; ▲ Train health workers in the use of VVM-equipped vaccines.
Adverse events following immunization	▲ Strictly follow immunization safety instructions outlined in the MoLHSA guidelines; ▲ Should an adverse event following immunization occur, urgently notify according to the established rules.	▲ Carry out training of health workers in immunization safety issues; ▲ Promptly forward the information about the adverse events according to established rules; ▲ Participate in investigation of adverse events together with the experts as needed.
Monthly reports not available or late	▲ Make sure monthly reports are submitted on time; ▲ During reporting review reports together with the district public health office immunization manager and correct mistakes; ▲ Inform the district public health office of any obstacles to timely reporting.	▲ Record timelines and completeness of monthly reports from ALL facilities in respective work books on a monthly basis; ▲ Identify poorly reporting facilities: investigate obstacles and work with health facilities on addressing them; ▲ During monthly reporting review reports together with providers and correct mistakes; ▲ Carry out refresher training as needed or whenever new staff are hired.